## STATE OF NEW HAMPSHIRE

## ${\bf 2018} \ Statement \ of \ Income \ and \ Expenses$

	for L		
DI EACE DUNT	(RSA	Chapter 15)	RECEIVED
PLEASE PRINT			I INCO
I. Name of Lobbyist(s)	y Hanson		JAN 29 2019
II. Name of lobbyist's partnership, firm	•		NEW HAMPSHIRE DEPARTMENT OF STATE
Save the Children (Name of partnership, firm	Action No	etwork (SCAn	, OF STATE
Business Address: (Street)	NE Suite 5	200 Washington (State)	DC 2000 2 (Zip Code)
(202) <u>(640 - (6600</u> (Telephone) (	)(Fax)	e-mail lindsag	herson @ Soure dilche
III. This statement covers: (Choose one reportable expense transactions which a			ay file a separate report for
☐ All reportable transactions occurring in	the months prior to the	e reporting date relative to t	he following client:
(Full Name of Client	t as it appears on the Lobb	yist Registration Form)	
All reportable transactions by the lobby	rist (including the lobby	ist's family), or the lobbyin	g firm listed below which are
unrelated to any particular client.	(g		<b>6</b> ··· - · · · - ·
	1	7.1.05.0010	
		July 25, 2018	8
October 31, 2018		January 30, 2019	
activity from 7/1/18 to 9/30/18		activity from 10/1/18 to 12/31/18	
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are attac	ched:		
☐ If you have received fees or made exp			
☐ If you have paid an honorarium or rein Expense Reimbursement	nbursed expenses, you	must file <b>Addendum B</b> – R	eport of Honorariums or
☐ If you, your firm, or your family has n	nade political contributi	ons, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobby	rist	•	
I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge		eby swear or affirm that the	foregoing information is true
Ila Don	<i>/</i>	1/28/19	
(Signature of loobyist)		(Da	nte)
Lindsay Hanson	<del></del>		

(Print Name of lobbyist)